Strategic Prevention Framework State Incentive Grant (SPF SIG) Cross-Site Evaluation

Community Level Instrument (Part I): Community Partner Activities

January 2007

Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention

SPF SIG CROSS-SITE EVALUATION, COMMUNITY-LEVEL INSTRUMENT, PART I

Information and Directions
This instrument is designed to collect information about the activities of the community partners for the Strategic Prevention Framework -State Incentive Grant (SPF SIG) Initiative. This information will be collected every 6 months, with a select number of questions being asked only once throughout the life of the grant.

The CLI is designed as a two-part survey. Part I collects data about the community's progress through the strategic prevention framework. Part II collects information about the specific intervention(s) being implemented by the community. The community will complete a separate Part II form for each intervention implemented. For example, if the community is implementing both a participant-based education intervention and an environmental intervention, they will complete two Part II forms. Data collected from the survey will be used to evaluate the effectiveness of the Strategic Prevention Framework.

Each community partner will be assigned a unique numerical identification. This identification will be used to ensure that communities cannot be identified. In addition, no individuals will be identified in the reporting of results.

Items 1 to 11 are to be answered by the state SPF SIG reviewer. If the state is conducting the community level evaluation, questions 41 through 44 in Part II, on evaluation outcomes, will also be completed by the state. The remaining questions are to be answered by the community partner.

Make sure to read all of the directions and examples, which are provided in *italics*.

Directions for skipping questions are indicated where appropriate to minimize the time needed to complete the questionnaire. This web-based survey is designed to automatically take you to the appropriate question, but you should still follow the directions closely.

Throughout this instrument, words that are underlined are hyperlinked to a list of definitions. In addition, if you click here you can access SAMHSA's prevention glossary. (Web programming note: include link to: http://preventionplatform.samhsa.gov/MacroHQ/Glossary2/dssglossary.cfm?sect_id=1&topic_id =99&CFID=261427&CFTOKEN=54631918 .)

Throughout this document, the term "you" refers to the community partner that has received SPF SIG funding from the state. This could be an organization, coalition, or other entity. If this community partner is a community coalition, the Project Director for the SPF SIG project is required to complete the instrument, with input from other coalition members as needed.

You are strongly encouraged to obtain input from others involved with the SPF SIG funded project. Each section of the instrument includes a list of individuals whom you may want to consider asking to assist you in this data collection process. As part of this process, we encourage you to print out a hard copy of the instrument and review it with key individuals, such as the project coordinator, evaluator, intervention delivery staff, and others, as appropriate.

Prior to completing the survey, you may find it helpful to gather the following materials to help answer questions:
- Budgets
- Results of needs/resources assessments
- Strategic plans
- Meeting minutes
- Memorandums of understanding
- Intervention implementation materials (curricula, programs, etc.)
- Evaluation findings/reports
- Policies regarding cultural competence

As you enter your data, you will be able to save your work and come back to it at another time. You may also write your responses to the narrative response questions in advance using a word processor and copy and paste them into the web-based survey.

If you need assistance in completing this instrument, contact Shelly Kowalczyk at (301) 587-1600 or via e-mail at skowalczyk@mayatech.com

SPF SIG CROSS-SITE EVALUATION, COMMUNITY LEVEL INSTRUMENT, PART I

State Questions
The following questions will be completed by the state level reviewer. (Web programming note: The state level reviewer will be designated in the log-in function.)

To be answered by the state SPF SIG reviewer, for the state as a whole:
1. What is the state procedure for monitoring the SPF process at the community level? (*Select all that apply*.)
    ☐ Communities must submit formal results of a needs and resources assessment.
    ☐ Communities must submit formal strategic plans.
    ☐ Communities must obtain approval of their strategic plans.
    ☐ The state monitors the communities' intervention selection to ensure that interventions match the target outcomes and causal factors identified.
    ☐ The state conducts intervention-level evaluation.
    ☐ The community conducts its own evaluation and reports back to the state.
    ☐ Don't know
    ☐ Other (*Describe*.)_____

2. Did your state select a statewide substance abuse problem that all funded communities are targeting? (*Select yes or no*.)
    ☐ Yes
    ☐ No (*If no, proceed to question 4*.)

3. Describe the statewide substance abuse problem the communities are focusing on:

    _____

    _____

    _____

4. Is your state allowing the communities to proceed with the Strategic Prevention Framework without conducting a community needs and resources assessment? (*Select yes or no*.)
    ☐ Yes (Web programming note: If yes, all community respondents in this state will skip questions 38 – 68.)
    ☐ No

To be answered by the state SPF-SIG reviewer for the state as a whole, every reporting period:
5. Did you conduct an assessment of the training and technical assistance needs of the prevention workforce within your state, during this reporting period? *This assessment could be a formal assessment that involves interviews with key stakeholders and formal surveys or it could be an informal assessment of the workforce needs of the community.* (Web programming note: definition link). (*Select yes or no*.)
    ☐ Yes
    ☐ No

6. Were there opportunities for skills development and/or continuing education for the prevention <u>workforce</u> (Web programming note: definition link) within your state, during this reporting period? *We are interested in opportunities funded by SPF SIG and other funding sources. Examples of workforce training opportunities might include continuing education credits offered for a seminar or workshop, or mandatory training on a new process or procedure being used in your state for substance abuse prevention efforts.* (*Select one response*.)

☐ Yes
☐ No
☐ Don't know

To be answered by the state SPF SIG reviewer once, for each community funded by the state:

7. Indicate the month and year this community partner began receiving SPF SIG funds:
   MM/YYYY ____/_____

8. Indicate the month and year SPF SIG funding for this community partner is scheduled to end for the overall project.
   MM/YYYY ____/_____

9. Select the description of "community" being used by this community partner. *Examples of a specific target population within a defined geographic area include high school students attending public schools, men having sex with men (MSMs) in a specific neighborhood, or the pregnant women of a specific metropolitan area. If your description of "community" includes targets such as these, select "a specific target population within a defined geographic area."* (*Select all that apply*.)

☐ A defined geographic area, such as a neighborhood, city, or county
☐ A specific statewide target population, such as high school students
☐ A specific target population within a defined geographic area
☐ Don't know yet (Web programming note: If this option is selected, respondent should not be able to select others.)
☐ Other (*Describe*.)_____

To be answered by the state SPF SIG reviewer every reporting period for each community partner

10. Are there specific workforce issues within this SPF SIG community that we should be aware of? *Examples of community-specific workforce issues include a community college or hospital discontinuing a training or certification program.* (*Select one response*.)

☐ Yes
☐ No (*If no, proceed to question 12.*)
☐ Don't know (*If marked, proceed to question 12.*)

11.   Describe the community-level workforce issues.

_____

_____

_____

_____

Record Management
(Web programming note: This section of the instrument will be designed as a "User Identification Tab" on the Web site. Respondents will only need to complete this section once, unless they have changes in their contact information to report.)

Contact Information
12. Name: _____

13. Title: _____

14. Name of organization: _____

15. Telephone number: Area code (   )_____Extension:____

16. Email address: _____

17. Instrument submission date: _____(Web programming note: this field will autofill based on the date the state provides approval of the instrument and submits it.)

18. State: _____

19. Create a Community Partner Grantee ID_____

Reporting Period
20. Mark the timeframe for which you are reporting.
☐ October 1, 2004–March 31, 2005
☐ April 1, 2005–September 30, 2005
☐ October 1, 2005–March 31, 2006
☐ April 1 2006–September 30, 2006
☐ October 1, 2006–March 31, 2007
☐ April 1, 2007–September 30, 2007
☐ October 1, 2007–March 31, 2008
☐ April 1, 2008–September 30, 2008
☐ October 1, 2008–March 31, 2009
☐ April 1, 2009–September 30, 2009

Community Partner Organizational Information
This section asks you to describe your organization. Information about other funding sources, staff hired to help implement these <u>intervention(s)</u> (Web programming note: definition link), and information about policies that have been developed that address <u>cultural competence</u> (Web programming note: definition link) also is collected in this section.

People you may want to include in responding to this section:
- Project Director
- Project Coordinator
- Person with responsibility or knowledge of financial issues

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Organization Type and Funding

21. As a community partner, what type of organization would you say you are? (*Select one response that best describes your organization.*)
    - ☐ We are a community <u>coalition</u> (Web programming note: definition link) and do not have any other organization type. (*If selected, proceed to question 23 and complete the coalition sub-form.*)
    - ☐ Non youth-focused, local grassroots or community-based service and/or advocacy organization (e.g., substance abuse prevention organizations, HIV prevention organizations, YMCAs)
    - ☐ Faith-based organization
    - ☐ Youth-focused local grassroots or community-based service and/or advocacy organization (e.g., local chapter of Students Against Destructive Decisions, local youth councils, Boy Scouts/Girl Scouts, Big Brothers/Big Sisters)
    - ☐ Other non-profit organization, not listed above
    - ☐ School district
    - ☐ Law enforcement organization
    - ☐ College/university
    - ☐ Government agency
    - ☐ Local healthcare facility, treatment or prevention provider/facility (e.g., local hospital, community mental health center, local substance abuse prevention agency)
    - ☐ Other (*Describe.*)_____

22. Are you partnering with a community <u>coalition</u> (Web programming note: definition link)? *By partnering, we mean a formal relationship that is documented with a Memorandum of Understanding or similar agreement and/or to whom SPF SIG funding is provided.* (*Select yes or no.*)
    - ☐ Yes
    - ☐ No (*If no, proceed to question 25.*)

23. What month and year was the coalition (Web programming note: definition link)
    established? (*Provide MM/YYYY or select don't know*)
    MM/YYYY ____/_____
    ☐ Don't know

24. Indicate the role of the coalition (Web programming note: definition link) in changing
    community capacity, knowledge, norms and behaviors related to substance abuse
    prevention and program implementation. (S*elect all that apply.*)
    ☐ Collect and organize data (Web programming note: definition link)
    ☐ Conduct needs assessments (Web programming note: definition link)
    ☐ Train community members in substance abuse prevention
    ☐ Leverage funds from sources other than the SPF SIG
    ☐ Plan and/or implement interventions (Web programming note: definition link)
    ☐ Ensure SPF SIG funded intervention(s) (Web programming note: definition link)
      address issues related to cultural competence (Web programming note: definition link)
    ☐ Plan and/or implement process or outcome evaluations of interventions
    ☐ Set substance abuse policy at the organizational, local, or state level
    ☐ Educate others about needed changes in substance abuse policy at the organizational,
      local, or state level
    ☐ Other (*Describe.*)_____
    ☐ Don't know (Web programming note: If this option is selected, respondent should not
      be able to select others.)

25. Do you currently receive alcohol, tobacco or other drug prevention funding from sources
    other than the SPF SIG Initiative? *This question pertains to the funded organization as a
    whole, not just the specific SPF SIG intervention.* (*Select one response.*)
    ☐ Yes
    ☐ No (*If no, proceed to question 27.*)
    ☐ Don't know (*If marked, proceed to question 27.*)

26. What other types of funding do you currently receive? (*Select all that apply.*)
    ☐ State funds
    ☐ County or municipal funds
    ☐ Foundation funds
    ☐ Private contributions from individuals
    ☐ Corporate contributions
    ☐ Weed and Seed
    ☐ Federal Substance Abuse Prevention and Treatment Block Grant funds
    ☐ Drug Free Communities funds
    ☐ Safe and Drug Free Schools funds
    ☐ SIG funds (this is funding that came from the first round of State Incentive Grants, and does not include current SPF SIG funding)
    ☐ SIG planning funds
    ☐ SIG enhancement funds
    ☐ Community Anti-Drug Coalitions of America (CADCA)
    ☐ Department of Justice, Office of Juvenile Justice and Delinquency Prevention funds
    ☐ Medicaid, as provided by a managed care organization
    ☐ Other Federal funds (*Describe.*) _____
    ☐ Other (*Describe.*) _____
    ☐ Don't know (Web programming note: If this option is selected, respondent should not be able to select others.)

Cultural Competence Policies and Practices
These questions collect information on how you, as the funded community partner, address cultural competence in your organization, coalition, or agency.

27. Indicate the areas in which you, as the community partner, have formal, written policies and practices in place to address cultural competence (Web programming note: definition link). *This section may not apply to coalitions or other organization types that do not have formal policies. For purposes of this question, we are only interested in those areas in which you have formal, written policies. There are many reasons an organization may not have formal, written policies in place to address cultural competence and your honest answer is valuable to the cross-site evaluation. If this question does not apply to your situation because as a coalition you do not have formal written policies, indicate "not applicable" in the response options below.* (*Select all that apply.*)
    - ☐ Organizational administration (e.g., purchasing, contracting)
    - ☐ Board representation (e.g., board recruitment, board leadership)
    - ☐ Training and staff development
    - ☐ Language and internal and external communication (e.g., availability of interpreters, documents avoid derogatory language)
    - ☐ Service approach (Web programming note: definition link)
    - ☐ Evaluation design (Web programming note: definition link)
    - ☐ Data collection (qualitative and quantitative)
    - ☐ Other (*Describe*.) _____
    - ☐ We are aware that cultural competence is an issue but we have not developed formal, written policies yet or these policies are currently being developed. (*If marked, proceed to question 30.*)
    - ☐ Don't know (*If marked, proceed to question 30.*)(Web programming note: If this option is selected, respondent should not be able to select others.)
    - ☐ Not applicable (*If not applicable, proceed to question 30.*)(Web programming note: If this option is selected, respondent should not be able to select others.)

28. How is compliance with cultural competence (Web programming note: definition link) policies and/or practices monitored within your organization, as the community partner? (*Select one response.*)
    - ☐ Compliance is not monitored at all
    - ☐ Compliance is monitored once a year or less frequently by a director, executive, or administrator (Web programming note: definition link)
    - ☐ Compliance is monitored twice a year or more often by a director, executive, or administrator (Web programming note: definition link)
    - ☐ Compliance is monitored once a year or less frequently by someone other than a director, executive, or administrator (Web programming note: definition link)
    - ☐ Compliance is monitored twice a year or more often by someone other than a director, executive, or administrator (Web programming note: definition link
    - ☐ Don't know if compliance is monitored or don't know how compliance is monitored

29. If <u>contract agencies</u> (Web programming note: definition link) are used, are they held to the same standards with regard to <u>cultural competence</u> (Web programming note: definition link)? (*Select one response*.)
    - ☐ Yes
    - ☐ No
    - ☐ Don't know
    - ☐ Not applicable

30. Did you receive SPF SIG funded guidance, training or technical assistance with regard to <u>cultural competence</u> (Web programming note: definition link) during this reporting period? *The guidance could have been provided by the state or some other entity that was funded through SPF SIG funds. Examples might include training on developing culturally competent hiring practices or adapting interventions to address cultural appropriateness. Do not include training that you are going to receive in the future. You will be able to report this in future reporting periods. We are specifically asking about guidance, training or technical assistance that was paid for with SPF SIG funds. If you are not sure if the guidance, training or technical assistance you received was paid for with SPF SIG funds, contact your local or state SPF SIG director. (Select yes or no.)*
    - ☐ Yes
    - ☐ No (*If no, proceed to question 32*.)

31. How likely is it that you will use what you learned during the guidance, training or technical assistance on cultural competence in your SPF SIG activities? *We would like your honest answer. You will not be penalized if you mark "not likely." (Select one response.)*
    - ☐ Very likely
    - ☐ Somewhat likely
    - ☐ Not likely

Strategic Prevention Framework

Each component of the Strategic Prevention Framework (needs assessment, capacity building, strategic plan development, intervention implementation, and evaluation) is addressed in this section. You will have the opportunity to describe your activities within each of the five components of the framework.

People you may want to include in responding to this section:
- Project Director
- Project Coordinator
- Intervention delivery staff
- Evaluator

For questions 32 and 33 below, indicate which of the five steps of the Strategic Prevention Framework you worked on during this reporting period and indicate the approximate percentage of time you spent on this component during this reporting period. *If you are responding as a community coalition, estimate the amount of time members of the coalition, collectively, spent on a particular component of the Strategic Prevention Framework (SPF). Make sure the percentage of time spent on each component adds up to 100%. For example, if all of your time this reporting period was spent conducting the needs assessment, you would respond that 100% of your time was for needs assessment. If you divided your time equally between all five components, you would respond that you spent 20% of your time on each component. We understand that you probably spent some amount of time on administrative tasks that are not technically part of one of the SPF components; however we are not capturing that information here. (Select all that apply.)*

32. SPF Component	33. (DO NOT COMPLETE) Percentage of Time Spent This Reporting Period
a. ☐ Needs assessments (Web programming note: definition link)	a. _____%
b. ☐ Capacity building (Web programming note: definition link)	b. _____%
c. ☐ Strategic plan development (Web programming note: definition link)	c. _____%
d. ☐ Intervention implementation (Web programming note: definition link)	d. _____%
e. ☐ Monitoring and evaluation (Web programming note: definition link)	e. _____%
	Total 100%

Needs and Resources Assessments

This section collects information on organizational and community <u>needs and resources assessments</u> (<mark>Web programming note: definition link</mark>) you conducted during this reporting period. You are asked whether or not the needs and resources of your organization and the community have been analyzed. It also provides you with an opportunity to describe the needs and resources that have been identified. Finally, the section asks about the consumption patterns, consequences, and populations you plan to target, based on the needs assessments.

People you may want to include in responding to this section:
- Project Director
- Project Coordinator
- SEOW Liaison
- Data Coordinator

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34. Have you completed an **organizational** <u>needs and resources assessment</u> (<mark>Web programming note: definition link</mark>) during this reporting period? *Only answer "yes" if your assessment was completed during this reporting. If the assessment was still being conducted at the end of the reporting period, select "no." You will be able to answer "yes" and provide more detail in the next reporting period. Organizational needs assessments examine needs internally and include assessments of leadership, human resources, technical resources (e.g., telephones, computers, or appropriate software), infrastructure (e.g., facility, staff offices, conference rooms), funding sources, etc. (Select yes or no.)*
    ☐ Yes
    ☐ No (*If no, proceed to question 37.*)

35. Indicate the types of **organizational** needs and resources you assessed. *This question is asking about the areas you considered or examined during this reporting period to determine the specific needs and resources you should be aware of. The next question asks you to specifically describe the needs and resources that were identified. (Select all that apply)*
    ☐ Mission/vision
    ☐ Leadership ability
    ☐ Cultural competence
    ☐ Human resources
    ☐ Technical resources
    ☐ Infrastructure
    ☐ Funding sources
    ☐ Organizational experience
    ☐ Up-to-date knowledge of substance abuse prevention
    ☐ Other (*Describe.*) _____

36. For all items marked in question 35 (above), describe the specific **organizational** needs and resources that were identified. *For example, "Technical resources - our organization identified a priority need for a computer dedicated to data collection and analysis." (Provide a concise written description in the space available.)*

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37. Have you completed a **community** needs and resources assessment (Web programming note: definition link) during this reporting period? *A community needs and resources assessment examines needs external to the organization, coalition or agency and includes community readiness (Web programming note: definition link), rates of substance use, prevention resources (e.g., call centers and trained counselors), partnerships, community prevention experience, and other monetary and non-monetary resources. (Select yes or no.)*
    ☐ Yes
    ☐ No (*If no, proceed to question 63.*)

38. Indicate the types of **community** needs and resources that were assessed. (*Select all that apply.*)
    ☐ Data on populations not typically included in assessments (e.g., homeless, undocumented workers)
    ☐ Prevention resources (e.g., call centers and trained counselors)
    ☐ Cultural competence (Web programming note: definition link)
    ☐ Partnerships within the community
    ☐ Substance use rates of the potential target population
    ☐ Substance use consequences in potential target populations, (e.g., alcohol-related mortality)
    ☐ Factors that might cause, lead to, or promote substance use
    ☐ Experience within the community of working with the potential target population (e.g., previous encounters with the target population perhaps in serving members with prevention services or in conducting outreach to this population).
    ☐ Community readiness (Web programming note: definition link) (*If selected, you must complete question 40 below.*)
    ☐ Workforce (Web programming note: definition link) training issues within the community (e.g., not enough slots in a community-college training program)
    ☐ Other (*Describe.*) _____

39. Describe the **community** needs and resources identified through the assessment. *(Provide a written description in the space available.)*
==(Web programming note: some states would like the opportunity to complete this question for the communities, based on information they may have submitted in their progress reports to the state.)==

_____

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_____

_____

==Web planning note: If community readiness is selected in question 39, these questions must be completed.)==

40. If you indicated in question 38 that you assessed <u>community readiness</u> (==Web programming note: definition link==), did you use a <u>community readiness</u> measure that has been tested and/or published? *An example of a tested or published community readiness measure would include the Tri-Ethnic Center's Community Readiness Survey and the Nine Stages of Community Readiness.* (*Select one response.*)
   ☐ Yes
   ☐ No (*If no, proceed to question 43.*)
   ☐ Don't know (*If marked, proceed to question 43.*)

41. If yes, what measure was used? *(Provide a concise written description in the space available.)*

_____

_____

_____

_____

42. What were the results of the <u>community readiness</u> (==Web programming note: definition link==) assessment? *(Provide a concise written description in the space available.)*

_____

_____

_____

_____

For questions 43 through 54 indicate below the types of data you used in conducting your needs and resources assessment and indicate if the data were provided to you by the <u>State Epidemiology and Outcomes Workgroup</u> (SEOW) <mark>(Web programming note: definition link)</mark>. This would also include data that the SEOW in your state showed you how to access or use. (*Select all that apply.*)

43.	a. ☐ Student school survey data	b. ☐ Provided by SEOW
44.	a. ☐ School achievement data	b. ☐ Provided by SEOW
45.	a. ☐ Community surveys	b. ☐ Provided by SEOW
46.	a. ☐ Public health statistics (e.g., mortality rates due to drug overdose)	b. ☐ Provided by SEOW
47.	a. ☐ Census data	b. ☐ Provided by SEOW
48.	a. ☐ Interviews and/or focus groups	b. ☐ Provided by SEOW
49.	a. ☐ Public meetings or forums	b. ☐ Provided by SEOW
50.	a. ☐ Law enforcement data (e.g., drug arrests or drug trafficking)	b. ☐ Provided by SEOW
51.	a. ☐ Department of Justice data (e.g., outcomes of criminal cases)	b. ☐ Provided by SEOW
52.	a. ☐ Public safety data (e.g., number of automobile accidents caused by drinking and driving)	b. ☐ Provided by SEOW
53.	a. ☐ Social norms data	b. ☐ Provided by SEOW
54.	a. ☐ Other (*Describe*.)_____	b. ☐ Provided by SEOW

55. Based on the needs and resources assessments described above, have you identified <u>consumption patterns</u> <mark>(Web programming note: definition link)</mark> that you are going to target for substance abuse prevention? (*Select one response*.)
☐ Yes
☐ No (*If no, proceed to question 58.*)

56. Indicate the consumption patterns you are targeting: (*Select all that apply.*)
☐ Underage use of alcohol
☐ Any use of alcohol
☐ Heavy use of alcohol, defined as consuming five or more drinks on five or more occasions in the past 30 days
☐ Binge drinking, defined as consuming five or more drinks in a row at one sitting for males and four or more in a row for females
☐ Any use of tobacco under age 18
☐ Any use of tobacco 18 years of age or older
☐ Any use of illegal drugs (*If selected, complete question 57.*) <mark>(Web programming note: If this is not selected, automatically skip question 57.)</mark>
☐ Other consumption pattern (*Describe.)*_____

57. If you indicated in question 56 that you are targeting the use of illegal drugs, indicate which drugs you are targeting: (*Select all that apply.*)
    ☐ All illegal drugs
    ☐ Marijuana
    ☐ Ecstasy
    ☐ Cocaine
    ☐ Crack cocaine
    ☐ Methamphetamine/Crystal meth
    ☐ Other substances (*Describe*.) _____

58. Based on the needs and resources assessments described above, have you identified consequences (Web programming note: definition link) of substance use that you are targeting? (*Select one response.*)
    ☐ Yes
    ☐ No (*If no, proceed to question 60.*)

59. Indicate the consequences you are targeting: (*Select all that apply*).
    ☐ Motor vehicle crashes
    ☐ Crime
    ☐ Dependence or abuse
    ☐ Alcohol-related mortality
    ☐ Tobacco-related mortality
    ☐ Drug-related mortality
    ☐ Other consequences (*Describe.*) _____

60. Based on the needs and resources assessments described above, have you identified specific populations that you will be targeting for SPF SIG funded substance abuse prevention? *Substance abuse prevention includes all substances, such as alcohol tobacco, marijuana, methamphetamine, and cocaine.* (*Select one response.*)
    ☐ Yes
    ☐ No (*If no, proceed to question 63.*)

61. Indicate the populations you will be targeting for substance abuse prevention. *For this question, we would like to know if you have very specific groups of people at whom your interventions will be aimed. For example, if you are delivering an intervention to all middle schools in an area, then you would only select "middle school students." In this example, you would not have to select all the possible race/ethnicity categories that might be enrolled in the schools. If, however, you are delivering an intervention specifically designed to target pregnant Latinas, then you would select Hispanic and pregnant women. (These categories are **not** mutually exclusive. Use your judgment to select all responses that describe your target population.).*
   ☐ All races/ethnicities
   ☐ Specific races/ethnicities (*Select all that apply.*)
       ☐ African American
       ☐ American Indian/Alaska Native
       ☐ Asian/Pacific Islander
       ☐ White
       ☐ Hispanic
   ☐ Elementary school students
   ☐ Middle school students
   ☐ High school students
   ☐ College students
   ☐ Under 18
   ☐ Under 21
   ☐ Young adults age 18-25
   ☐ Construction workers
   ☐ Pregnant women
   ☐ Gay/Lesbian/Bisexual/Transgender/Men who have sex with men
   ☐ Other target population (*Describe.*) _____

62. If you are targeting specific consumption patterns or consequences with specific target populations, use the space below to describe those connections. *For example, if you indicated that you are targeting any underage tobacco use and binge drinking, and you indicated that you are targeting high school students and college students, clarify if the tobacco use is targeted to high school students and the binge drinking is targeted to both groups. It is important that you report this information for all connections because this information will be used by the cross-site evaluation team and your state evaluators as one way of determining if your selected interventions are appropriate for your targeted consumption patterns, consequences, and target populations.*

   Consumption Pattern or Consequence   Target Population

63. Did you receive SPF SIG funded guidance, training or technical assistance with regard to conducting a <u>needs and resources assessment</u> (Web programming note: definition link) during this reporting period? *Do not include training that you are going to receive in the future. You will be able to report this in future reporting period. We are specifically asking about guidance, training or technical assistance that was paid for with SPF SIG funds. If you are not sure if the guidance, training or technical assistance you received was paid for with SPF SIG funds, contact your local or state SPF SIG director.* (*Select yes or no.*)
    ☐ Yes
    ☐ No (*If no, proceed to question 65.*)

64. How likely is it that you will use what you learned during the guidance, training or technical assistance on <u>needs and resources assessment</u> (Web programming note: definition link) in your SPF SIG activities? *We would like your honest answer. You will not be penalized if you mark "not likely."* (*Select one response.*)
    ☐ Very likely
    ☐ Somewhat likely
    ☐ Not likely

65. Use this space to describe anything that may have had a negative effect on your <u>needs and resources assessments</u> (Web programming note: definition link) (including coalition needs and resources) activities and how you dealt with the challenge. This information will help us help other communities overcome similar challenges. Only describe those challenges that affected you during this reporting period. *Examples might include difficulty scheduling time with key individuals to determine need, challenges accessing data, or difficulty finding the resources (time and money) to conduct the needs assessment.* (P*rovide a concise written description in the space available.)*

    _____

    _____

    _____

    _____

66. We are also looking for examples of model activities to include in our evaluation. If your project experienced any specific **successes** with conducting <u>needs and resource assessments</u> (Web programming note: definition link) (including coalition needs and resources) during this reporting period, please describe them here. *Examples might include identifying appropriate data or being able to contact key individuals for their input into the assessment. (Provide a concise written description in the space available.)*

    _____

    _____

    _____

    _____

Capacity Building

In this section, we ask you about your activities related to capacity building. "Capacity building" refers to activities conducted to improve the ability of an organization or community to deliver substance abuse prevention services, such as improving organizational resources (Web programming note: definition link); improving awareness about substance abuse problems; building new relationships or strengthening existing relationships among coalitions (Web programming note: definition link), groups, and organizations involved in substance abuse prevention; and working to ensure intervention activities and outcomes continue after SPF SIG funding ends. Because capacity building relies on having appropriate staff to conduct these activities, we start by asking you to describe any SPF SIG staff vacancies you have had during this reporting period.

People you may want to include in responding to this section:
- Project Director
- Project Coordinator
- Human Resources
- Staff responsible for renting space, purchasing equipment, etc.
- Intervention delivery staff
- Coalition representatives
- Evaluator

For questions 67 through 68 below, indicate if any of the following staff (any person working on SPF SIG funded activities, including volunteers) positions within your organization, agency, or coalition, have been vacant during this reporting period. *If any positions have been vacant, indicate the length of time they have not been filled. If a staff member is functioning in more than one position, please indicate any and all positions with vacancies.* (Web programming note: These will be rows with check boxes in the web version of the instrument.)

Staff Position	67. Has this position been vacant at all during this reporting period?			68. If the position was vacant, indicate how many weeks during this reporting period it was vacant.
a. Leader/director/manager	☐ Yes	☐ No	☐ NA	
b. Coordinator	☐ Yes	☐ No	☐ NA	
c. Evaluator	☐ Yes	☐ No	☐ NA	
d. Curriculum/Intervention Developer	☐ Yes	☐ No	☐ NA	
e. Curriculum/Intervention Facilitator	☐ Yes	☐ No	☐ NA	
f. Curriculum/Intervention Aide	☐ Yes	☐ No	☐ NA	
g. Volunteers/Interns (non-paid positions)	☐ Yes	☐ No	☐ NA	
h. Other 1_____	☐ Yes	☐ No	☐ NA	
i. Other 2 _____	☐ Yes	☐ No	☐ NA	
j. Other 3 _____	☐ Yes	☐ No	☐ NA	

69. Did you work on capacity building (Web programming note: definition link) activities during this reporting period? *Examples of areas in which activities could be conducted to build capacity include: organizational resources (Web programming note: definition link), community awareness, relationship building, and ensuring that intervention activities and outcomes continue after SPF SIG funding ends. (Select yes or no.)*
   ☐ Yes
   ☐ No (*If no, proceed to question 71.*)

<u>Organizational Resources</u>
This section collects information on the activities you conducted to improve organizational and/or coalition resources such as writing mission or vision statements, identifying goals and activities, hiring and training staff, identifying leaders, obtaining physical space for the intervention, etc. It also asks about guidance, training, and assistance you may have received.

70. Indicate the activities you conducted during this reporting period to improve <u>organizational and/or coalition resources</u> (Web programming note: definition link). (*Select all that apply.*)
    ☐ We did not conduct organizational/coalition capacity building activities during this reporting period.
    ☐ Wrote, reviewed or rewrote organizational or coalition mission/vision
    ☐ Identified key organizational or coalition activities and goals
    ☐ Hired staff
    ☐ Trained staff
    ☐ Identified coalition leader(s)
    ☐ Improved <u>cultural competence</u> (Web programming note: definition link)
    ☐ Identified or secured physical space
    ☐ Coordinated or improved technical resources
    ☐ Coordinated data collection and/or <u>management information systems</u> (MIS) (Web programming note: definition link) plans
    ☐ Other: (*Describe*.) _____

71. Did you receive SPF SIG funded guidance, training or technical assistance with regard to staff, task force, and/or coalition member training during this reporting period? *Do not include training that you are going to receive in the future. You will be able to report this in future reporting periods. We are specifically asking about guidance, training or technical assistance that was paid for with SPF SIG funds. If you are not sure if the guidance, training or technical assistance you received was paid for with SPF SIG funds, contact your local or state SPF SIG director. (Select yes or no.)*
    ☐ Yes
    ☐ No (*If no, proceed to question 73.*)

72. How likely is it that you will use what you learned during the guidance, training, or technical assistance on staff, task force, and/or coalition member training in your SPF SIG activities? *We would like your honest answer. You will not be penalized if you mark "not likely." (Select one response.)*
    ☐ Very likely
    ☐ Somewhat likely
    ☐ Not likely

73. Use this space to describe anything that may have had a negative effect on your activities to improve <u>organizational resources</u> (Web programming note: definition link) and how you dealt with the challenge. This information will help us help other communities overcome similar challenges. Only describe those challenges that affected you during this reporting period. *Examples might include challenges in locating space or obtaining equipment for the project, not being able to access SPF SIG funds in a timely manner, or not being able to agree on an organizational mission/vision. (Provide a concise written description in the space available.)*

_____

_____

_____

_____

74. We are also looking for examples of model activities to include in our evaluation. If your project experienced any specific **successes** with improving <u>organizational resources</u> (Web programming note: definition link) (including coalition resources) during this reporting period, please describe them here. *Examples might include hosting an effective training for staff, completing a rewrite of an organizational mission/vision statement or hiring key individuals for the project. (Provide a concise written description in the space available.)*

_____

_____

_____

_____

<u>Community Awareness</u>
This section collects information about your efforts in raising awareness of substance abuse problems in the community, the types of substance abuse problems/issues for which you are raising awareness, the community members/groups you have targeted for awareness efforts, and activities you are conducting to raise awareness.

75. Did you work to raise <u>awareness</u> (Web programming note: definition link) in the community of substance use or abuse problems during this reporting period? *Awareness raising activities are considered those activities where your primary purpose is to draw attention to a substance abuse problem (underage drinking, methamphetamine use, etc.) or to your prevention efforts. These activities are not intended to recruit participants or volunteers, although that may happen. (Select yes or no.)*
☐ Yes
☐ No (*If no, proceed to question 81.*)

76. Indicate the issues you are attempting to raise <u>awareness</u> (Web programming note: definition link) of in the community. (*Select all that apply.*)
    - ☐ Substance use rates or trends
    - ☐ <u>Consequences</u> (Web programming note: definition link) related to substance use, such as crashes or arrests for drunk driving
    - ☐ <u>Intervening variables</u> (Web programming note: definition link) associated with substance use and consequences
    - ☐ Coordination among agencies
    - ☐ Funding for substance abuse prevention
    - ☐ Other (*Describe.*)_____

77. Indicate which community members and/or groups you are focusing your <u>awareness</u> (Web programming note: definition link) raising efforts on. (*Select all that apply.*)
    - ☐ The general public
    - ☐ Youth
    - ☐ Parents/family/caregiver groups
    - ☐ Business community
    - ☐ Media (e.g., radio and television stations, newspapers and magazines)
    - ☐ School(s)/school districts
    - ☐ Youth serving organization(s) other than schools (e.g., Big Brothers/Big Sisters, Boy Scouts/Girl Scouts)
    - ☐ Law enforcement agency/agencies
    - ☐ Local or state courts
    - ☐ Department of Justice
    - ☐ State and/or local jails and prisons
    - ☐ Faith-based organization(s) (e.g., churches or charitable organizations with religious affiliations such as Catholic Charities)
    - ☐ Civic or volunteer organization(s) (e.g., Kiwanis, Fraternal Order of Police, Women's League, local sports or neighborhood associations)
    - ☐ Healthcare professionals
    - ☐ State, local, village or tribal government agencies
    - ☐ Other (*Describe.*)_____
    - ☐ Don't know

78. Indicate the activities that are being conducted to raise <u>awareness</u> (Web programming note: definition link) of the issue(s) marked in question 76 among the group(s) marked in question 77. (*Select all that apply.*)
    - ☐ Media activities such as television, radio, or newspaper advertisements or public service announcements
    - ☐ Internet activities such as listservs, web sites, or mass e-mails to targeted populations
    - ☐ Direct mailings
    - ☐ Face-to-face outreach such as health fairs, classroom visits, other community events, etc.
    - ☐ Other: (*Describe.*) _____

79. Use this space to describe anything that may have had a negative effect on your <u>efforts to raise</u> community awareness (==Web programming note: definition link==) and how you dealt with the challenge. This information will help us help other communities overcome similar challenges. Only describe those challenges that affected you during this reporting period. *Examples might include challenges meeting with the community or getting their involvement. (Provide a concise written description in the space available.)*

_____

_____

_____

_____

80. We are also looking for examples of model activities to include in our evaluation. If your project experienced any specific **successes** with raising community <u>awareness</u> (==Web programming note: definition link==) during this reporting period, please describe them here. *Examples might include hosting a successful community awareness event, or launching an awareness campaign. (Provide a concise written description in the space available.)*

_____

_____

_____

_____

<u>Relationship Building</u>

This section collects information on how you identified potential partners to join your coalition or to support substance use and/or abuse prevention efforts in the community and how these partners are involved in the prevention intervention activities.

81. Have you identified <u>key stakeholders</u> (<mark>Web programming note: definition link</mark>), partners and partner organizations to participate in your SPF SIG intervention activities? (*Select yes or no*.)

   ☐ Yes
   ☐ No (*If no, proceed to question 150*.)

82. Think about your partners and stakeholders involved in intervention activities. Have you identified any stakeholders or partners who should be involved, but are not? (*Select yes or no*.)

   ☐ Yes
   ☐ No (*If no, proceed to question 84*.)

83. Describe what you are doing to bring these stakeholders and partners to the table:

_____

_____

_____

_____

The next set of questions asks you to indicate the types of groups/organizations that you have partnered with during this reporting period and to indicate how formal the relationship is. By partnering we mean a sharing of time, money, personnel, planning or other resources.

84. Do you feel it is important for you to partner with **youth groups** in order to meet the goals and objectives of your SPF-SIG intervention? *We would like your honest answer. You will not be penalized if you respond with No. We understand that for some interventions or problems it is not necessary to partner with this type of group.* (*Select yes or no.*)
    ☐ Yes
    ☐ No

85. Have you partnered with youth groups (e.g., local youth councils, church youth groups, youth recreation leagues)? (*Select yes or no.*)
    ☐ Yes
    ☐ No (*If no, proceed to question 88.*)

86. How many youth groups do you partner with?
    ____

87. Indicate how many of the youth groups you partner with fall into each of the categories below. *The list of youth group partners at each degree of participation must equal the numeric response in question 86. For example, if 8 youth groups were listed as partners in question 86, question 87 responses could be that 1 partner is an active participant, 5 are appropriately engaged partners, and 2 rarely or almost never participate, totaling 8.*

Provide the number of youth group partners at each level (Total should equal the response in question 86.)	Participation Level
a.	This partner is a valuable and active participant in the partnership and contributes at a level above and beyond what is expected
b.	This partner contributes at a level appropriate for its role in the partnership
c.	This partner rarely or almost never participates

88. Do you feel it is important for you to partner with **parent/family/caregiver groups** in order to meet the goals and objectives of your SPF SIG intervention? *We would like your honest answer. You will not be penalized if you respond with "no." We understand that for some interventions or problems it is not necessary to partner with this type of group.* (*Select yes or no.*)
☐ Yes
☐ No

89. Have you partnered with parent/family/caregiver groups? (*Select yes or no.*)
☐ Yes
☐ No (*If no, proceed to question 92.*)

90. How many parent/family/caregiver groups do you partner with?
____

91. Indicate how many of the parent/family/caregiver groups you partner with fall into each of the categories below. *The list of parent/family/caregiver groups at each degree of participation must equal the numeric response in question 90. For example, if 8 parent/family/caregiver groups were listed as partners in question 90, question 91 responses could be that 1 partner is an active participant, 5 are appropriately engaged partners, and 2 rarely or almost never participate, totaling 8.*

Provide the number of parent/family/caregiver groups at each level (Total should equal the response in question 90.)	Participation Level
a.	This partner is a valuable and active participant in the partnership and contributes at a level above and beyond what is expected
b.	This partner contributes at a level appropriate for its role in the partnership
c.	This partner rarely or almost never participates

92. Do you feel it is important for you to partner with the **business community** in order to meet the goals and objectives of your SPF SIG intervention? *We would like your honest answer. You will not be penalized if you respond with "no." We understand that for some interventions or problems it is not necessary to partner with this type of community.* (*Select yes or no*.)
☐ Yes
☐ No

93. Have you partnered with the business community? (*Select yes or no*.)
☐ Yes
☐ No (*If no, proceed to question 96.*)

94. How many businesses or business groups do you partner with?
____

95. Indicate how many of the members of the business community that you partner with fall into each of the categories below. *The list of businesses at each degree of participation must equal the numeric response in question 94. For example, if 8 businesses were listed as partners in question 94, question 95 responses could be that 1 partner is an active participant, 5 are appropriately engaged partners, and 2 rarely or almost never participate, totaling 8.*

Provide the number of businesses partnered with at each level (Total should equal the response in question 94.)	Participation Level
a.	This partner is a valuable and active participant in the partnership and contributes at a level above and beyond what is expected
b.	This partner contributes at a level appropriate for its role in the partnership
c.	This partner rarely or almost never participates

96. Do you feel it is important for you to partner with the **media** (e.g., radio and television stations, newspapers and magazines) in order to meet the goals and objectives of your SPF SIG intervention? *We would like your honest answer. You will not be penalized if you respond with "no." We understand that for some interventions or problems it is not necessary to partner with the media.* (*Select yes or no.*)
    ☐ Yes
    ☐ No

97. Have you partnered with the media (e.g., radio and television stations, newspapers and magazines)? (*Select yes or no.*)
    ☐ Yes
    ☐ No (*If no, proceed to question 100.*)

98. How many media organizations or groups do you partner with?
    ____

99. Indicate how many of the media organizations or groups that you partner with fall into each of the categories below. *The list of media partners at each degree of participation must equal the numeric response in question 98. For example, if 8 media partners were listed in question 98, question 99 responses could be that 1 partner is an active participant, 5 are appropriately engaged partners, and 2 rarely or almost never participate, totaling 8.*

Provide the number of media partners at each level (Total should equal the response in question 98.)	Participation Level
a.	This partner is a valuable and active participant in the partnership and contributes at a level above and beyond what is expected
b.	This partner contributes at a level appropriate for its role in the partnership
c.	This partner rarely or almost never participates

100. Do you feel it is important for you to partner with **schools** in order to meet the goals and objectives of your SPF SIG intervention? *We would like your honest answer. You will not be penalized if you respond with "no." We understand that for some interventions or problems it is not necessary to partner with schools. (Select yes or no.)*
    ☐ Yes
    ☐ No

101. Have you partnered with schools or school districts? (*Select yes or no.)*
    ☐ Yes
    ☐ No (*If no, proceed to question 105.*)

102. How many schools do you partner with?
    ____

103. How many school districts do you partner with?
    ____

104. Indicate how many of the schools or school districts that you partner with fall into each of the categories below. *The list of schools or school districts at each degree of participation must equal the numeric response in question 102 or 103. For example, if 8 schools were listed in question 102, question 104 responses could be that 1 partner is an active participant, 5 are appropriately engaged partners, and 2 rarely or almost never participate, totaling 8.*

Provide the number of school partners at each level (Total should equal the response in question 102.)	Provide the number of school district partners at each level (Total should equal the response in question 103.)	Participation Level
a.	d.	This partner is a valuable and active participant in the partnership and contributes at a level above and beyond what is expected
b.	e.	This partner contributes at a level appropriate for its role in the partnership
c.	f.	This partner rarely or almost never participates

105. Do you feel it is important for you to partner with **youth serving organizations** (e.g., Big Brothers Big Sisters, Boy Scouts/Girl Scouts) in order to meet the goals and objectives of your SPF SIG intervention? *We would like your honest answer. You will not be penalized if you respond with "no." We understand that for some interventions or problems it is not necessary to partner with this type of organization.* (*Select yes or no.*)
    ☐ Yes
    ☐ No

106. Have you partnered with youth serving organizations (e.g., Big Brothers Big Sisters, Boy Scouts/Girl Scouts)? (*Select yes or no.*)
    ☐ Yes
    ☐ No (*If no, proceed to question 109.*)

107. How many youth serving organizations do you partner with?
    ____

108. Indicate how many of the youth serving organizations that you partner with fall into each of the categories below. *The list of youth serving organizations at each degree of participation must equal the numeric response in 107. For example, if 8 youth serving organizations were listed in question 107, question 108 responses could be that 1 partner is an active participant, 5 are appropriately engaged partners, and 2 rarely or almost never participate, totaling 8.*

Provide the number of youth serving organization partners at each level (Total should equal the response in question 107.)	Participation Level
a.	This partner is a valuable and active participant in the partnership and contributes at a level above and beyond what is expected
b.	This partner contributes at a level appropriate for its role in the partnership
c.	This partner rarely or almost never participates

109. Do you feel it is important for you to partner with **law enforcement agencies** such as local and state police, FBI, and the Drug Enforcement Administration (DEA) in order to meet the goals and objectives of your SPF SIG intervention? *We would like your honest answer. You will not be penalized if you respond with "no." We understand that for some interventions or problems it is not necessary to partner with this type of agency. (Select yes or no.)*
    ☐ Yes
    ☐ No

110. Have you partnered with law enforcement agencies (e.g., local and state police, FBI, DEA)? (*Select yes or no.*)
    ☐ Yes
    ☐ No (*If no, proceed to question 113.*)

111. How many law enforcement agencies do you partner with?

    ____

112. Indicate how many of the law enforcement agencies that you partner with fall into each of the categories below. *The list of law enforcement agencies at each degree of participation must equal the numeric response in question 111. For example, if 8 law enforcement agencies were listed in question 111, question 112 responses could be that 1 partner is an active participant, 5 are appropriately engaged partners, and 2 rarely or almost never participate, totaling 8.*

Provide the number of law enforcement agency partners at each level (Total should equal the response in question 111.)	Participation Level
a.	This partner is a valuable and active participant in the partnership and contributes at a level above and beyond what is expected
b.	This partner contributes at a level appropriate for its role in the partnership
c.	This partner rarely or almost never participates

113. Do you feel it is important for you to partner with **local or state courts** in order to meet the goals and objectives of your SPF SIG intervention? *We would like your honest answer. You will not be penalized if you respond with "no." We understand that for some interventions or problems it is not necessary to partner with these courts.* (*Select yes or no.*)
☐ Yes
☐ No

114. Have you partnered with local or state courts? (*Select yes or no.*)
☐ Yes
☐ No (*If no, proceed to question 117.*)

115. How many local or state courts do you partner with?
____

116. Indicate how many local or state courts that you partner with fall into each of the categories below. *The list of local or state courts at each degree of participation must equal the numeric response in question 115. For example, if 8 local or state courts were listed in question 115, question 116 responses could be that 1 partner is an active participant, 5 are appropriately engaged partners, and 2 rarely or almost never participate, totaling 8.*

Provide the number of courts partnered with at each level (Total should equal the response in question 115.)	Participation Level
a.	This partner is a valuable and active participant in the partnership and contributes at a level above and beyond what is expected
b.	This partner contributes at a level appropriate for its role in the partnership
c.	This partner rarely or almost never participates

117. Do you feel it is important for you to partner with **the Federal Department of Justice** in order to meet the goals and objectives of your SPF SIG intervention? *We would like your honest answer. You will not be penalized if you respond with "no." We understand that for some interventions or problems it is not necessary to partner with this department.* (*Select yes or no*.)
    ☐ Yes
    ☐ No

118. Have you partnered with the Federal Department of Justice? (*Select yes or no*.)
    ☐ Yes
    ☐ No (*If no, proceed to question 121.*)

119. How many Federal Department of Justice units do you partner with?
    ____

120. Indicate how many Federal Department of Justice units that you partner with fall into each of the categories below. *The list of Federal Department of Justice units at each degree of participation must equal the numeric response in question 119. For example, if 8 courts or Department of Justice entities were listed in question 119, question 120 responses could be that 1 partner is an active participant, 5 are appropriately engaged partners, and 2 rarely or almost never participate, totaling 8.*

Provide the number of Department of Justice units partnered with at each level (Total should equal the response in question 119.)	Participation Level
a.	This partner is a valuable and active participant in the partnership and contributes at a level above and beyond what is expected
b.	This partner contributes at a level appropriate for its role in the partnership
c.	This partner rarely or almost never participates

121. Do you feel it is important for you to partner with **local or state jails or prisons** in order to meet the goals and objectives of your SPF SIG intervention? *We would like your honest answer. You will not be penalized if you respond with "no." We understand that for some interventions or problems it is not necessary to partner with jails or prisons.* (*Select yes or no.*)
    ☐ Yes
    ☐ No

122. Have you partnered with local or state jails or prisons? (*Select yes or no.*)
    ☐ Yes
    ☐ No (*If no, proceed to question 125.*)

123. How many local or state jails or prisons do you partner with?
    ____

124. Indicate how many of the local or state jails or prisons that you partner with fall into each of the categories below. *The list of local or state jails or prisons at each degree of participation must equal the numeric response in question 123. For example, if 8 local or state jails or prisons were listed in question 123, question 124 responses could be that 1 partner is an active participant, 5 are appropriately engaged partners, and 2 rarely or almost never participate, totaling 8.*

Provide the number of jails or prisons partnered with at each level (Total should equal the response in question 123.)	Participation Level
a.	This partner is a valuable and active participant in the partnership and contributes at a level above and beyond what is expected
b.	This partner contributes at a level appropriate for its role in the partnership
c.	This partner rarely or almost never participates

125. Do you feel it is important for you to partner with **faith-based organizations** (e.g., churches or charitable organizations with religious affiliations such as Catholic Charities) in order to meet the goals and objectives of your SPF SIG intervention? *We would like your honest answer. You will not be penalized if you respond with "no." We understand that for some interventions or problems it is not necessary to partner with this type of partner.* (*Select yes or no*.)
    ☐ Yes
    ☐ No

126. Have you partnered with faith-based organizations (e.g., churches or charitable organizations with religious affiliations such as Catholic Charities)? (*Select yes or no*.)
    ☐ Yes
    ☐ No (*If no, proceed to question 129.*)

127. How many faith-based organizations do you partner with?

    ＿＿＿

128. Indicate how many of the faith-based organizations that you partner with fall into each of the categories below. *The list of faith-based organizations at each degree of participation must equal the numeric response in question 127. For example, if 8 faith-based organizations were listed in question 127, question 128 responses could be that 1 partner is an active participant, 5 are appropriately engaged partners, and 2 rarely or almost never participate, totaling 8.*

Provide the number of faith-based organization partners at each level (Total should equal the response in question 127.)	Participation Level
a.	This partner is a valuable and active participant in the partnership and contributes at a level above and beyond what is expected
b.	This partner contributes at a level appropriate for its role in the partnership
c.	This partner rarely or almost never participates

129. Do you feel it is important for you to partner with **civic or volunteer organizations** (e.g., Kiwanis, Fraternal Order of Police, Women's League, local sports or neighborhood associations) in order to meet the goals and objectives of your SPF SIG intervention? *We would like your honest answer. You will not be penalized if you respond with "no." We understand that for some interventions or problems it is not necessary to partner with this type of organization.* (*Select yes or no*.)
    ☐ Yes
    ☐ No

130. Have you partnered with civic or volunteer organizations (e.g., Kiwanis, Fraternal Order of Police, Women's League, local sports or neighborhood associations)? (*Select yes or no*.)
    ☐ Yes
    ☐ No (*If no, proceed to question 133*.)

131. How many civic or volunteer organizations do you partner with?

    ____

132. Indicate how many of the civic or volunteer organizations that you partner with fall into each of the categories below. *The list of civic or volunteer organizations at each degree of participation must equal the numeric response in question 131. For example, if 8 civic or volunteer organizations were listed in question 131, question 132 responses could be that 1 partner is an active participant, 5 are appropriately engaged partners, and 2 rarely or almost never participate, totaling 8.*

Provide the number of civic or volunteer organization partners at each level (Total should equal the response in question 131.)	Participation Level
a.	This partner is a valuable and active participant in the partnership and contributes at a level above and beyond what is expected
b.	This partner contributes at a level appropriate for its role in the partnership
c.	This partner rarely or almost never participates

133. Do you feel it is important for you to partner with **healthcare professionals** in order to meet the goals and objectives of your SPF SIG intervention? We would like your honest answer. *You will not be penalized if you respond with "no." We understand that for some interventions or problems it is not necessary to partner with healthcare professionals.* (*Select yes or no.*)
    ☐ Yes
    ☐ No

134. Have you partnered with healthcare professionals? (*Select yes or no.*)
    ☐ Yes
    ☐ No (*If no, proceed to question 137.*)

135. How many healthcare professionals do you partner with?
    ____

136. Indicate how many of the healthcare professionals that you partner with fall into each of the categories below. *The list of healthcare professionals at each degree of participation must equal the numeric response in question 135 For example, if 8 healthcare professionals were listed in question 135, question 136 responses could be that 1 partner is an active participant, 5 are appropriately engaged partners, and 2 rarely or almost never participate, totaling 8.*

Provide the number of healthcare professionals partnered with at each level (Total should equal the response in question 135.)	Participation Level
a.	This partner is a valuable and active participant in the partnership and contributes at a level above and beyond what is expected
b.	This partner contributes at a level appropriate for its role in the partnership
c.	This partner rarely or almost never participates

137. Do you feel it is important for you to partner with **state government agencies** (e.g., public health, public safety, social services) in order to meet the goals and objectives of your SPF SIG intervention? *We would like your honest answer. You will not be penalized if you respond with "no." We understand that for some interventions or problems it is not necessary to partner with this type of agency. (Select yes or no.)*
    ☐ Yes
    ☐ No

138. Have you partnered with state government agencies (e.g., public health, public safety, social services) that have expertise in substance abuse? (*Select yes or no.*)
    ☐ Yes
    ☐ No (*If no, proceed to question 141.*)

139. How many state government agencies do you partner with?
    ____

140. Indicate how many of the state government agencies that you partner with fall into each of the categories below. *The list of state government agencies at each degree of participation must equal the numeric response in question 139. For example, if 8 state government agencies were listed in question 139, question 140 responses could be that 1 partner is an active participant, 5 are appropriately engaged partners, and 2 rarely or almost never participate, totaling 8.*

Provide the number of state government agency partners at each level (Total should equal the response in question 139.)	Participation Level
a.	This partner is a valuable and active participant in the partnership and contributes at a level above and beyond what is expected
b.	This partner contributes at a level appropriate for its role in the partnership
c.	This partner rarely or almost never participates

141. Do you feel it is important for you to partner with **local, village or tribal agencies** (e.g., Mayor's Office, city councils, tribal councils)**,** including those funded by the state, in order to meet the goals and objectives of your SPF SIG intervention? *We would like your honest answer. You will not be penalized if you respond with "no." We understand that for some interventions or problems it is not necessary to partner with this type of agency.* (*Select yes or no*.)
  ☐ Yes
  ☐ No

142. Have you partnered with local, village or tribal agencies (e.g., Mayor's Office, city councils, tribal councils) that have expertise in substance abuse? (*Select yes or no*.)
  ☐ Yes
  ☐ No (*If no, proceed to question 145.*)

143. How many local, village or tribal agencies do you partner with?
  ____

144. Indicate how many of the local, village or tribal agencies that you partner with fall into each of the categories below. *The list of local, village, or tribal government agencies at each degree of participation must equal the numeric response in question 143. For example, if 8 local, village, or tribal government agencies were listed in question 143, question 144 responses could be that 1 partner is an active participant, 5 are appropriately engaged partners, and 2 rarely or almost never participate, totaling 8.*

Provide the number of local, village, or tribal government agency partners at each level (Total should equal the response in question 143.)	Participation Level
a.	This partner is a valuable and active participant in the partnership and contributes at a level above and beyond what is expected
b.	This partner contributes at a level appropriate for its role in the partnership
c.	This partner rarely or almost never participates

145. Have you partnered with **other groups/organizations**? (*Select yes or no.*)
    ☐ Yes
    ☐ No (*If no, proceed to question 150.*)

146. Describe the other type(s) of groups/organizations worked with in 25 words or less.
    (Provide a concise written description in the space available.)

    _____

    _____

    _____

    _____

147. Do you feel it is important for you to partner with these other groups/organizations in order
    to meet the goals and objectives of your SPF SIG intervention? *We would like your honest
    answer. You will not be penalized if you respond with "no." We understand that for some
    interventions or problems it is not necessary to partner with this type of
    group/organization.* (*Select yes or no.*)
    ☐ Yes
    ☐ No

148. How many of these other groups/organizations do you partner with?
    ____

149. Indicate how many of the other groups/organizations that you partner with fall into each of
    the categories below. *The list of other groups or organizations at each degree of
    participation must equal the numeric response in question 148. For example, if 8 other
    groups or organizations were listed in question 148, question 149 responses could be that 1
    partner is an active participant, 5 are appropriately engaged partners, and 2 rarely or
    almost never participate, totaling 8.*

Provide the number of other organization partners at each level (Total should equal the response in question 148.)	Participation Level
a.	This partner is a valuable and active participant in the partnership and contributes at a level above and beyond what is expected
b.	This partner contributes at a level appropriate for its role in the partnership
c.	This partner rarely or almost never participates

150. Did you receive SPF SIG funded guidance, training or technical assistance with regard to building relationships (==Web programming note: definition link==)? *Do not include training that you are going to receive in the future. You will be able to report this in future reports. We are specifically asking about guidance, training or technical assistance that was paid for with SPF SIG funds. If you are not sure if the guidance, training or technical assistance you received was paid for with SPF SIG funds, contact your local or state SPF SIG director. (Select yes or no.)*
    ☐ Yes
    ☐ No (*If no, proceed to question 152.*)

151. How likely is it that you will use what you learned during the guidance, training or technical assistance on building relationships in your SPF SIG activities? *We would like your honest answer. You will not be penalized if you mark "not likely." (Select one response.)*
    ☐ Very likely
    ☐ Somewhat likely
    ☐ Not likely

152. Use this space to describe anything that may have had a negative effect on your relationship building (==Web programming note: definition link==) activities and how you dealt with the challenge. This information will help us help other communities overcome similar challenges. Only describe those challenges that affected you during this reporting period. *Examples might include challenges involving a key stakeholder (==Web programming note: definition link==), working with the Single-State Agency (SSA) and its partners, or obtaining community support. (Provide a concise written description in the space available.)*

    _____

    _____

    _____

    _____

153. We are also looking for examples of model activities to include in our evaluation. If your project experienced any specific **successes** with relationship building during this reporting period, please describe them here. *Examples might include success getting a key stakeholder (==Web programming note: definition link==) involved, working with the Single-State Agency (SSA) and its partners, or obtaining community support. (Provide a concise written description in the space available.)*

    _____

    _____

    _____

    _____

Sustainability
This section asks about things you have done to ensure that <u>intervention activities</u> <mark>(Web programming note: definition link)</mark> and outcomes continue once SPF SIG funding ends. These efforts might focus on ensuring continued funding, structures, networks, partnerships, leadership, and resources.

154. Have you worked during this reporting period to ensure that the intervention activities and outcomes continue when SPF SIG funding ends? (*Select yes or no.*)
    ☐ Yes
    ☐ No (*If no, proceed to question 156.*)

155. How have you worked to ensure that intervention activities and outcomes continue after SPF SIG funding has ended? *If you worked to get activities written into another organization's operating procedures or way of doing business (e.g., convincing a school district to include substance abuse prevention as part of their annual health curriculum) this reporting period, select "Worked to ensure that intervention activities are incorporated into the mission/goals and activities of other organizations." (Select all that apply.)*
    ☐ Leveraged other funding sources
    ☐ Worked to ensure that intervention activities are incorporated in to the missions/goals and activities of other organizations
    ☐ Worked to implement local level laws, policies or regulations to guarantee the continuation of intervention activities
    ☐ Worked on developing coalition structure to ensure <u>sustainability</u>
    ☐ Other (*Describe.*)_____

156. Did you receive SPF SIG funded guidance, training or technical assistance with regard to **ensuring that intervention activities and outcomes continue after SPF SIG funding ends** (<mark>Web programming note: definition link</mark>)? *Do not include training that you are going to receive in the future. You will be able to report this in future reports. We are specifically asking about guidance, training or technical assistance that was paid for with SPF SIG funds. If you are not sure if the guidance, training or technical assistance you received was paid for with SPF SIG funds, contact your local or state SPF SIG director. (Select yes or no.)*
    ☐ Yes
    ☐ No (*If no, proceed to question 158.*)

157. How likely is it that you will use what you learned during the guidance, training or technical assistance on **ensuring that intervention activities and outcomes continue after SPF SIG funding ends** in your SPF SIG activities? *We would like your honest answer. You will not be penalized if you mark "not likely." (Select one response.)*
    ☐ Very likely
    ☐ Somewhat likely
    ☐ Not likely

158. Use this space to describe anything that may have had a negative effect on your <u>efforts to ensure that intervention activities and outcomes continue after SPF SIG funding ends</u> and how you dealt with the challenge. This information will help us help other communities overcome similar challenges. Only describe those challenges that affected you during this reporting period. *The challenges might relate to ensuring <u>sustainability</u> of funding, project activities and/or project results and outcomes. (Provide a concise written description in the space available.)*

_____

_____

_____

_____

159. We are also looking for examples of model activities to include in our evaluation. If your project experienced any **successes** while working to ensure that intervention activities and outcomes continue after SPF SIG funding ends during this reporting period, please describe them here. *The successes might relate to ensuring <u>sustainability</u> of funding, project activities and/or project results and outcomes. (Provide a concise written description in the space available.)*

_____

_____

_____

_____

Strategic Plan Development
This section collects information on the development of your strategic plan, including what is addressed in the plan and who has contributed to the plan at the local level.

People you may want to include in responding to this section:
- Project Director
- Project Coordinator
- Coalition Members

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160. Have you completed a <u>strategic plan</u> (Web programming note: definition link)? (*Select yes or no.*)
(Web programming note: Once answered yes, does not have to be answered again.)
☐ Yes
☐ No (*If no, proceed to question 173.*)

161. Who worked on the <u>strategic plan</u> (Web programming note: definition link)? (*Select all that apply*.) (Web programming note: Once answered, does not have to be answered again.)
☐ Youth
☐ Parents/family/caregiver groups
☐ Business community
☐ Media (e.g., radio and television stations, newspapers and magazines)
☐ Advocacy volunteers
☐ School(s)/school districts
☐ Youth serving organization(s) (other than school) (e.g., Big Brothers/Big Sisters, Boy Scouts/Girl Scouts)
☐ Law enforcement agency/agencies
☐ Faith-based organization(s) (e.g., churches or charitable organizations with religious affiliations such as Catholic Charities)
☐ Civic or volunteer organization(s) (e.g., Kiwanis, Fraternal Order of Police, Women's League, local sports or neighborhood associations)
☐ Healthcare professionals
☐ State, local, village or tribal government agencies (e.g., social services, public health, etc.)
☐ Local evaluator
☐ Other (*Describe.)*_____

162. Which of the following does the <u>strategic plan</u> address or include? (*Select all that apply.*)
    - ☐ Data indicators on substance abuse
    - ☐ Data on factors causing, leading to, or promoting substance use
    - ☐ Underage drinking initiative
    - ☐ <u>Cultural competence</u>
    - ☐ Connection with state SPF SIG initiative
    - ☐ Current community resources/strengths
    - ☐ Identification of conditions outside the scope of the intervention (e.g., poverty rates, immigration trends, laws) that might affect it
    - ☐ <u>Logic model</u>
    - ☐ Necessary infrastructure development
    - ☐ Role of stakeholders
    - ☐ Appropriate interventions selected to match target outcomes or causal factors
    - ☐ Barriers to implementation
    - ☐ Measurable objectives
    - ☐ Identification of available data sources to measure objectives
    - ☐ Data collection plans
    - ☐ Data monitoring plans
    - ☐ Data analysis plans
    - ☐ <u>Sustainability</u>
    - ☐ Opportunity for adjustments based on initial outcomes

163. If you indicated in question 162 that your strategic plan includes a logic model, does the strategic plan also include a way to evaluate the relationships, activities and outcomes illustrated in the <u>logic model</u> (<mark>Web programming note: definition link</mark>)? (*Select yes or no.*)
    - ☐ Yes
    - ☐ No

164. Has your strategic plan been reviewed by the agency responsible for the SPF SIG initiative in your state? *The agency responsible for the SPF SIG in your state may be called the single state agency, the SSA, or some other name. If you are unsure of what agency is responsible for the SPF SIG in your state, contact Shelly Kowalczyk at (301) 587-1600 or via email at skowalczyk@mayatech.com and she will help you identify the agency.* (*Select yes or no.*)
    - ☐ Yes
    - ☐ No (*If no, proceed to question 166.*)

165. Have you received feedback on your strategic plan by the agency responsible for the SPF SIG initiative in your state? (*Select yes or no.*)
    - ☐ Yes
    - ☐ No

166. Has your strategic plan been approved by the agency responsible for the SPF SIG initiative in your state? (*Select yes or no.*)
    ☐ Yes
    ☐ No
    ☐ Our state does not require or provide approval of the strategic plan.

167. Was the strategic plan revisited during this reporting period? *It is expected that at some point you will revisit your strategic plan. Reevaluating your strategic plan is part of the Strategic Prevention Framework and does not imply that you made mistakes developing your original strategic plan.* (Web programming note: this question needs to be asked every reporting period after the respondent indicates that the strategic plan was developed.) (*Select yes or no.*)
    ☐ Yes
    ☐ No (*If no, proceed to question 171.*)

168. If the strategic plan was revisited, were any changes made? (*Select yes or no.*)
    ☐ Yes
    ☐ No (*If no, proceed to question 171.*)

169. If the strategic plan was changed, indicate why it was changed. (*Select all that apply.*)
    ☐ New data indicated new priority areas
    ☐ Political considerations
    ☐ New technology made additional surveillance (Web programming note: definition link) or evaluation methods available
    ☐ Funding changes increased or decreased the scope of intervention activities
    ☐ Other (*Describe.*)_____

170. Indicate areas where changes were made to the <u>strategic plan</u> after revisiting the plan. (*Select all that apply.*)
    ☐ Data indicators on substance abuse
    ☐ Data on factors causing, leading to, or promoting substance use
    ☐ Underage drinking initiative
    ☐ <u>Cultural competence</u>
    ☐ Connection with state SPF SIG initiative
    ☐ Current community resources/strengths
    ☐ Identification of conditions outside the scope of the intervention (e.g., poverty rates, immigration trends, laws) that might affect it
    ☐ <u>Logic model</u>
    ☐ Necessary infrastructure development
    ☐ Role of stakeholders
    ☐ Appropriate interventions selected to match target outcomes or causal factors
    ☐ Barriers to implementation
    ☐ Measurable objectives
    ☐ Identification of available data sources to measure objectives
    ☐ Data collection plans
    ☐ Data monitoring plans
    ☐ Data analysis plans
    ☐ <u>Sustainability</u>
    ☐ Opportunity for adjustments based on initial outcomes

(Web programming note: Questions 171-172 are only answered if the respondent indicated in question 162 that the strategic plan included a logic model.)

171. Was the <u>logic model</u> (Web programming note: definition link) revised during this reporting period? (*Select yes or no.*)
    ☐ Yes
    ☐ No (*If no, proceed to question 173.*)

172. Indicate why the <u>logic model</u> (Web programming note: definition link) was revised. (*Select all that apply.*)
    ☐ New data indicated new priority areas
    ☐ Political considerations
    ☐ New technology made additional <u>surveillance</u> (Web programming note: definition link) or evaluation methods available
    ☐ Funding changes increased or decreased the scope of intervention activities
    ☐ Other (*Describe.*)_____

173. Did you receive SPF SIG funded guidance, training or technical assistance with regard to developing a strategic plan (<mark>Web programming note: definition link</mark>) during this reporting period? *Do not include training that you are going to receive in the future. You will be able to report this in future reports. We are specifically asking about guidance, training or technical assistance that was paid for with SPF SIG funds. If you are not sure if the guidance, training or technical assistance you received was paid for with SPF SIG funds, contact your local or state SPF SIG director. (Select yes or no.)*
   ☐ Yes
   ☐ No (*If no, proceed to question 175.*)

174. How likely is it that you will use what you learned during the guidance, training or technical assistance on developing a strategic plan in your SPF SIG activities? *We would like your honest answer. You will not be penalized if you mark "not likely." (Select one response.)*
   ☐ Very likely
   ☐ Somewhat likely
   ☐ Not likely

175. Did you receive SPF SIG funded guidance, training or technical assistance with regard to selecting interventions (<mark>Web programming note: definition link</mark>) during this reporting period? *Do not include training that you are going to receive in the future. You will be able to report this in future reports. We are specifically asking about guidance, training or technical assistance that was paid for with SPF SIG funds. If you are not sure if the guidance, training or technical assistance you received was paid for with SPF SIG funds, contact your local or state SPF SIG director. (Select yes or no.)*
   ☐ Yes
   ☐ No (*If no, proceed to question 177.*)

176. How likely is it that you will use what you learned during the guidance, training or technical assistance on selecting interventions in your SPF SIG activities? *We would like your honest answer. You will not be penalized if you mark "not likely." (Select one response.)*
   ☐ Very likely
   ☐ Somewhat likely
   ☐ Not likely

177. Use this space to describe anything that may have had a negative effect on your <u>efforts to develop a strategic plan</u> (Web programming note: definition link) and how you dealt with the challenge. This information will help us help other communities overcome similar challenges. Only describe those challenges that affected you during this reporting period. *(Provide a concise written description in the space available.)*

_____

_____

_____

_____

178. We are also looking for examples of model activities to include in our evaluation. If your project experienced any specific **successes** with developing the strategic plan during this reporting period, please describe them here. *(Provide a concise written description in the space available.)*

_____

_____

_____

_____

Intervention Implementation
This section collects information about the intervention(s) you selected for <u>implementation</u> (Web programming note: definition link) in your community. An intervention is an activity or set of activities to which a group is exposed in order to change the group's behavior. In substance abuse prevention, interventions are used to prevent or lower the rate of substance abuse or substance abuse-related problems.

People you may want to include in responding to this section:
- Project Director
- Project Coordinator
- State Epidemiology Workgroup (SEOW) Liaison
- Intervention delivery staff

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179. Did you work on <u>intervention implementation</u> (Web programming note: definition link) during this reporting period? (*Select yes or no.*)
    ☐ Yes
    ☐ No (*If no, proceed to question 181.*)

For question 180 below, name the <u>intervention</u>(s) (Web programming note: definition link) you implemented/delivered during this reporting period.

180. Intervention Name
a.
b.
c.

(Table will automatically generate new lines to add more interventions. (Web planning note: For each intervention named, the respondent will need to complete a new Part II form, the intervention form.)

181. Did you receive SPF SIG funded guidance, training or technical assistance with regard to **recruiting participants** for interventions during this reporting period? *Do not include training that you are going to receive in the future. You will be able to report this in future reports. We are specifically asking about guidance, training or technical assistance that was paid for with SPF SIG funds. If you are not sure if the guidance, training or technical assistance you received was paid for with SPF SIG funds, contact your local or state SPF SIG director. (Select yes or no.)*
    ☐ Yes
    ☐ No (*If no, proceed to question 183.*)
    ☐ Not applicable (*If not applicable, proceed to question 183.*)

182. How likely is it that you will use what you learned during the guidance, training or technical assistance on **recruiting participants** in your SPF SIG activities? *We would like your honest answer. You will not be penalized if you mark "not likely."* (*Select one response*.)
     ☐ Very likely
     ☐ Somewhat likely
     ☐ Not likely

183. Use this space to describe anything that may have had a negative effect on your intervention implementation (Web programming note: definition link) activities and how you dealt with the challenge. This information will help us help other communities overcome similar challenges. Only describe those challenges that affected you during this reporting period. *Examples might include challenges obtaining approval from an Institutional Review Board (IRBs are boards that review research projects to ensure that human participants are protected from harm), recruiting participants for interventions, maintaining contact with participants for follow-up data collection, or challenges implementing environmental strategies. (Provide a concise written description in the space available.)*

     _____

     _____

     _____

     _____

184. We are also looking for examples of model activities to include in our evaluation. If your project experienced any specific **successes** related to intervention implementation (Web programming note: definition link) during this reporting period, please describe them here. *Examples might include obtaining approval from an Institutional Review Board (IRBs are boards that review research projects to ensure that human participants are protected from harm), working with another organization to recruit participants, or launching a new environmental strategy. (Provide a concise written description in the space available.)*

     _____

     _____

     _____

     _____

Monitoring and Evaluation

This section collects information on your development of an evaluation plan (Web programming note: definition link). You are also asked to indicate whether a final evaluation report was developed and if key findings from the evaluation were distributed to stakeholders/key informants (Web programming note: definition link).

People you may want to include in responding to this section:
- Project Director
- Project Coordinator
- Evaluator

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185. Was intervention implementation (Web programming note: definition link) monitored by the Single State Agency (SSA) or state agency in charge of the SPF SIG funding during this reporting period? (*Select one response.*)
    ☐ Yes
    ☐ Implementation of some interventions was monitored, but not all interventions were monitored.
    ☐ No
    ☐ Don't know

186. Did you work on intervention level evaluation activities (Web programming note: definition link) during this reporting period? (*Select yes or no.*)
    ☐ Yes
    ☐ No (*If no, proceed to question 194.*)

187. Have you developed an evaluation plan? (*Select yes or no.*)
    ☐ Yes
    ☐ No (*If no, proceed to question 190.*)

188. Was the evaluation plan revised during this reporting period? (Select yes or no.)
    ☐ Yes
    ☐ No (*If no, proceed to question 190.*)

189. Indicate how the evaluation plan was revised. (*Select all that apply.*)
    ☐ Immediate outcomes (Web programming note: definition link) were changed
    ☐ Intermediate outcomes (Web programming note: definition link) were changed
    ☐ Instruments or assessment tools were changed
    ☐ Data collection points (intervals between pre- and post-test or follow-up) were changed
    ☐ Analysis plans were changed
    ☐ Plans for dissemination of evaluation results were changed
    ☐ Other (*Describe.*) _____

190. Did you develop any evaluation reports during this reporting period? *Evaluation reports could take the form of letters, emails, formal reports, presentations or other formats.* (*Select yes or no*.)
    ☐ Yes
    ☐ No

191. Did you communicate any evaluation findings to <u>key stakeholders</u> (Web programming note: definition link)/<u>key informants</u> during this reporting period? (*Select yes or no*.)
    ☐ Yes
    ☐ No (*If no, proceed to question 194.*)

192. If so, how did you communicate the findings? (*Select all that apply.*)
    ☐ Distributed written report to stakeholders
    ☐ Presented findings at a meeting of stakeholders
    ☐ Presented findings to community members/participants
    ☐ Written press release
    ☐ Televised press conference
    ☐ Other (*Describe.*)_____

193. Indicate how stakeholders used these evaluation findings. (*Select all that apply.*)
    ☐ To set policy
    ☐ To change substance abuse priorities
    ☐ To leverage additional funds
    ☐ To recruit additional partners
    ☐ To leverage additional prevention staff
    ☐ To encourage coordination among organizations or agencies
    ☐ To learn/increase knowledge
    ☐ Other (*Describe.*)_____
    ☐ Don't know (Web programming note: If this option is selected, respondent should not be able to select others.)

194. Did you receive SPF SIG funded guidance, training or technical assistance with regard to **evaluation activities** during this reporting period? *Do not include training that you are going to receive in the future. You will be able to report this in future reporting periods. We are specifically asking about guidance, training or technical assistance that was paid for with SPF SIG funds. If you are not sure if the guidance, training or technical assistance you received was paid for with SPF SIG funds, contact your local or state SPF SIG director. (Select yes or no.)*
    ☐ Yes
    ☐ No (*If no, proceed to question 196.*)

195. How likely is it that you will use what you learned during the guidance, training or technical assistance on evaluation activities in your SPF SIG activities? *We would like your honest answer. You will not be penalized if you mark "not likely."* (*Select one response.*)
 ☐ Very likely
 ☐ Somewhat likely
 ☐ Not likely

196. Use this space to describe anything that may have had a negative effect on your <u>intervention evaluation</u> activities and how you dealt with the challenge. This information will help us help other communities overcome similar challenges. Only describe those challenges that affected you during this reporting period. *Examples might include challenges identifying measures, collecting evaluation data, or analyzing data. (Provide a concise written description in the space available.)*

_____

_____

_____

_____

197. We are also looking for examples of model activities to include in our evaluation. If your project experienced any specific **successes** with intervention evaluation during this reporting period, please describe them here. *Examples might include completing a series of follow-up data collections or publishing and disseminating findings of intervention evaluation. (Provide a concise written description in the space available.)*

_____

_____

_____

_____

Systems Factors

For purposes of this instrument, the **prevention system** is "the entire set of agencies, organizations, and persons that contribute to efforts to prevent substance abuse and related problems within the community." Keep this in mind as you answer the questions below about planning and data systems.

198. Does your community have a specific plan or vision/mission statement about substance abuse prevention that guides the community substance abuse prevention planning process? (*Select yes or no.*)
  ☐ Yes
  ☐ No (*If no, proceed to question 200.*)

199. If yes, describe the primary goals of the plan or vision/mission statement. *(Provide a concise written description in the space available.)*

  _____

  _____

  _____

  _____

200. Does your community have a written, documented process for making substance abuse prevention-related decisions? (*Select yes or no.*)
  ☐ Yes
  ☐ No (*If no, proceed to question 203.*)

201. Describe the basic steps in the process. *(Provide a concise written description in the space available.)*

  _____

  _____

  _____

  _____

202. Who is involved in making substance abuse prevention-related decisions? *(Provide a concise written description in the space available.)*

  _____

  _____

203. Do multiple organizations and agencies in your community work together to collect, manage and organize community ATOD data? (*Select yes or no.*)
  ☐ Yes (*If yes, proceed to question 205.*)
  ☐ No

204. If you answered no to question 203, please describe why not. *After answering this question, proceed to question 206. (Provide a concise written description in the space available.)*

_____

_____

_____

_____

205. If you answered yes to question 203, please describe the types of community data collected by these organizations. *(Provide a concise written description in the space available.)*

_____

_____

_____

_____

206. Is there a primary organization or agency that has responsibility for management of the data? (*Select yes or no*.)
    ☐ Yes
    ☐ No (*If no, proceed to question 208.*)

207. How was this organization selected to manage the data? *(Provide a concise written description in the space available.)*

_____

_____

_____

_____

208. Do you have access to prevention data systems? *These data systems might include data on Alcohol, Tobacco, and other Drug (ATOD) consumption, ATOD related problems and consequences, and/or ATOD prevention capacity.* (*Select yes or no*.)
    ☐ Yes
    ☐ No (*If no, proceed to the next section, Contextual Factors.*)

209. Describe the types of data systems you have access to. *(Provide a concise written description in the space available.)*

_____

_____

_____

Contextual Factors

Contextual factors are conditions that exist outside the scope of the intervention activities, but nevertheless influence the SPF process and intervention delivery. While you can incorporate knowledge of these factors into your planning and interventions (Web programming note: definition link), they typically cannot be changed through intervention activities. Understanding the nature of contextual factors, however, is still helpful in evaluating the success of the intervention (Web programming note: definition link). For purposes of the cross-site evaluation, contextual factors are categorized by demographic factors (Web programming note: definition link), cultural factors (Web programming note: definition link), community factors (Web programming note: definition link), and environmental/systems factors (Web programming note: definition link).

(Web planning note: All respondents will have to complete this section every reporting period.)

People you may want to include in responding to this section:
- Project Director
- Project Coordinator
- Intervention delivery staff
- Evaluator
- Coalition representative

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210. Describe here any demographic factors or issues (Web programming note: definition link) that have had an impact or will have an impact on prevention activities in your community during this reporting period. *Potential demographic factors include population density, immigration trends, poverty rates, literacy rates or employment rates. Make sure to include a specific description of the issue and how it affected or might affect your intervention activities. If the issue presented a challenge for you, indicate how you are overcoming the challenge or how you plan to overcome the challenge. (Provide a concise written description in the space available.)*

_____

_____

_____

_____

211. Describe here any <u>cultural factors</u> (<mark>Web programming note: definition link</mark>) that have had an impact or will have an impact on prevention activities in your community during this reporting period. *Potential cultural factors include parental/family/caregiver ambivalence about drug/alcohol use among youth; language, or skepticism or mistrust of government-sponsored programs or law enforcement. Make sure to include a specific description of the issue and how it affected or might affect your intervention activities. If the issue presented a challenge for you, indicate how you are overcoming the challenge or how you plan to overcome the challenge. (Provide a concise written description in the space available.)*

_____

_____

_____

_____

212. Describe here any <u>community factors</u> (<mark>Web programming note: definition link</mark>) that have had an impact or will have an impact on prevention activities in your community during this reporting period. *Potential community factors include level of <u>community readiness</u>; community attitudes and norms towards drug/alcohol use; access to drugs/alcohol; state/local government funding for substance abuse prevention and treatment; transportation issues; or local political processes or dynamics. Make sure to include a specific description of the issue and how it affected or might affect your intervention activities. If the issue presented a challenge for you, indicate how you are overcoming the challenge or how you plan to overcome the challenge. (Provide a concise written description in the space available.)*

_____

_____

_____

_____

213. Describe here any <u>environmental or systems factors</u> (<mark>Web programming note: definition link</mark>) that have had an impact or will have an impact on prevention activities in your community during this reporting period. *Potential environmental factors include state or local laws, policies or regulations; organizational policies (businesses, recreational leagues, schools, etc.); coordination among organizations/agencies; access to policy makers; or resources (time, funding, volunteers) dedicated to substance abuse prevention at the state or local level. Make sure to include a specific description of the issue and how it affected or might affect your intervention activities. If the issue presented a challenge for you, indicate how you are overcoming the challenge or how you plan to overcome the challenge. (Provide a concise written description in the space available.)*

_____

_____

_____

_____

Closing Questions

214. Do you have any additional comments about any aspects of the SPF SIG Initiative? *(Provide a concise written description in the space available.)*

_____

_____

_____

_____

215. Did following the steps of the Strategic Prevention Framework during this reporting period lead to specific successes within your community in dealing with substance abuse prevention? *Examples of success might include achieving intended outcomes, but also might include bringing needed stakeholders to the table or clearly identifying needs in the community*. (*Select yes or no.*)
    ☐ Yes
    ☐ No (*If no, proceed to the Coalition Sub-Form, if applicable.*)
    ☐ Too soon to determine (*If marked, proceed to the Coalition Sub-Form, if applicable.*)

216. If yes, please describe *how* following the specific steps of the framework contributed to your success, and *what* you consider a success. *(Provide a concise written description in the space available.)*

_____

_____

_____

_____

Coalition Sub-Form
This form should be completed by those community partners that are operating as a community coalition. *Only complete this sub-form if you answered in question 21 that you are operating as a community coalition.*

217. Who is the lead agency for the community coalition (the agency responsible for making the primary decisions of the coalition and/or the agency controlling the money)? (*Provide a concise written description in the space available.)*

_____

_____

_____

_____

218. Does this agency have financial responsibility for the <u>coalition</u> (Web programming note: definition link)? *For example, is the agency responsible for ensuring that any paid positions receive their payment or for providing authorization for the purchase of supplies?* (*Select one response.*)
☐ Yes
☐ No
☐ Don't know

219. Does the community <u>coalition</u> (Web programming note: definition link) have a funding source? (*Select one response.*)
☐ Yes
☐ No
☐ Don't know

220. Does the project director for the SPF SIG project work for the coalition's lead agency? (*Select one response*.)
 ☐ Yes
 ☐ No
 ☐ Don't know

221. Does the community <u>coalition</u> (<mark>Web programming note: definition link</mark>) have an identifiable leader (an individual, not an agency)? (*Select one response*.)
 ☐ Yes
 ☐ No
 ☐ Don't know

222. Is the leader of the <u>coalition</u> (<mark>Web programming note: definition link</mark>) a paid position? (*Select one response*.)
 ☐ Yes
 ☐ No
 ☐ Don't know

For questions 223 through 231, indicate whether you strongly agree, agree, neither agree nor disagree, disagree or strongly disagree with the statement.

223. The coalition has a clear vision and focus. (*Select one response*.)
 ☐ Strongly agree
 ☐ Agree
 ☐ Neither agree nor disagree
 ☐ Disagree
 ☐ Strongly disagree

224. The community <u>coalition</u> (<mark>Web programming note: definition link</mark>) has collaborative leadership. (*Select one response*.)
    ☐ Strongly agree
    ☐ Agree
    ☐ Neither agree nor disagree
    ☐ Disagree
    ☐ Strongly disagree

225. Responsibilities among coalition members are fairly and effectively delegated. (*Select one response*.)
    ☐ Strongly agree
    ☐ Agree
    ☐ Neither agree nor disagree
    ☐ Disagree
    ☐ Strongly disagree

226. The <u>coalition</u> (<mark>Web programming note: definition link</mark>) has a broad-based, diverse membership that represents the various groups and organizations involved in substance abuse prevention. (*Select one response*.)
    ☐ Strongly agree
    ☐ Agree
    ☐ Neither agree nor disagree
    ☐ Disagree
    ☐ Strongly disagree

227. There is too much talking and not enough follow through with actions. (*Select one response*.)
    ☐ Strongly agree
    ☐ Agree
    ☐ Neither agree nor disagree
    ☐ Disagree
    ☐ Strongly disagree

228. The coalition has a process for tracking decisions. (*Select one response*.)
    ☐ Strongly agree
    ☐ Agree
    ☐ Neither agree nor disagree
    ☐ Disagree
    ☐ Strongly disagree

229. The coalition does not monitor whether or not there is follow through on decisions. (*Select one response*.)
    ☐ Strongly agree
    ☐ Agree
    ☐ Neither agree nor disagree
    ☐ Disagree
    ☐ Strongly disagree

230. The coalition needs more structure in order to be effective. (*Select one response*.)
    ☐ Strongly agree
    ☐ Agree
    ☐ Neither agree nor disagree
    ☐ Disagree
    ☐ Strongly disagree

231. Denial and apathy among community members toward local substance use issues is a major barrier to our coalition's effectiveness. (*Select one response*.)
    ☐ Strongly agree
    ☐ Agree
    ☐ Neither agree nor disagree
    ☐ Disagree
    ☐ Strongly disagree